



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

FILED

05 DEC 16 AM 8:02

**INDEPENDENT/POLITICAL  
COMMITTEE COVER PAGE**

CARMELLA SABAUGH  
MACOMB COUNTY CLERK  
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed  
by the treasurer or designated record keeper

3. This Statement covers From: 11 23 04 To 10 23 05  
Mo Day Year Mo Day Year

1. Committee I.D. Number

4. Committee's Mailing Address 39295 RIVERCREST  
HARRISON TWP. MI. 48045

Area Code and Phone (586) 465-1595

2. Committee Name

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address

Area Code and Phone

JAMES ULINSKI

SAME AS ABOVE

6. Treasurer's Business Address

7. Designated Record Keeper's Name and Mailing Address (if the committee has a Designated Record Keeper)

Area Code and Phone

Area Code and Phone

8. TYPE OF STATEMENT:

APPLICABLE TO INDEPENDENT AND POLITICAL  
COMMITTEES REGISTERED ON STATE LEVEL

APPLICABLE TO INDEPENDENT AND  
POLITICAL COMMITTEES REGISTERED  
ON COUNTY LEVEL

APPLICABLE TO INDEPENDENT AND  
POLITICAL COMMITTEES REGISTERED  
ON

STATE AND COUNTY LEVEL

8a. TRIANNUAL STATEMENTS

Even Year

Odd Year

☐ April 25

☐ January 31

☐ July 25

☐ July 26

☐ October 26

☐ October 25

8d. ☐ ANNUAL STATEMENT

(\_\_\_\_ Coverage Year)

8e. ☒ PRE-ELECTION OR

8f. ☐ POST-ELECTION

Pre-Election or Post-Election  
Statement relates to:

☐ PRIMARY

☐ GENERAL

☐ CONVENTION

☐ SCHOOL

☐ SPECIAL

☐ CAUCUS

Date of Election, Convention or Caucus:

Nov 8 2005

Month Day Year

8g. ☒ AMENDMENT TO CAMPAIGN  
STATEMENT

(Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h  
to indicate which Statement is being  
amended)

8h. ☐ DISSOLUTION OF COMMITTEE  
Effective Date of Dissolution

Month Day Year

By checking this item, I/We certify that the  
committee has no asset or outstanding  
debts, including late filing fees. Further, I  
request that if the dissolution cannot be  
granted, that this be considered a request for  
the Reporting Waiver.

Note: The disposition of residual funds must  
be reported on Schedule 2B and the  
Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in Items 2, 4, 5, 6 or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record Keeper JAMES ULINSKI

Type or Print Name

Signature

Date 12 15 05

Mo Day Year



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 13700850  
2. Committee Name CIT. FOR RESP + ETH GOV.

**SUMMARY PAGE**  
**INDEPENDENT OR POLITICAL COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative for Calendar Year
<b>3. Contributions</b>			
a. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8)	(3a.) \$	<u>0</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>0</u>	(18.) \$ <u>0</u>
4. Other Receipts (Schedule 2A-1, Column 6)	(4.) \$	<u>0</u>	(19.) \$ <u>0</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add line 3c + Line 4)	(5.) \$	<u>0</u>	(20.) \$ <u>0</u>
<b>IN-KIND CONTRIBUTIONS</b>			
6. In-Kind Contributions	(6a.) \$	<u>0</u>	
a. Itemized (Schedule 2-IK, Column 7)	(6b.) \$	<u>NOT APPLICABLE</u>	
b. Unitemized (less than \$20.01 each - no Schedule)			
<b>7. TOTAL IN-KIND CONTRIBUTIONS</b> (Add Line 6a + Line 6b)	(7.) \$	<u>0</u>	(21.) \$ <u>0</u>
<b>EXPENDITURES</b>			
8. Expenditures	(8a.) \$	<u>250</u>	
a. Itemized Direct (Schedule 2B, Column 7)	(8b.) \$	<u>0</u>	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	(8c.) \$	<u>0</u>	
c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)	(8d.) \$	<u>0</u>	
d. Unitemized (less than \$50.01 each - no Schedule)	(8e.) \$	<u>250</u>	(22.) \$ <u>250</u>
e. Subtotal of Expenditures	(9.) \$	<u>0</u>	(23.) \$ <u>0</u>
9. Independent Expenditures (Schedule 2B-1, Column 7)	(10.) \$	<u>250</u>	(24.) \$ <u>250</u>
<b>10. TOTAL EXPENDITURES</b> (Add Line 8e + Line 9)			
<b>IN-KIND EXPENDITURES</b>			
11. In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)	(11.) \$	<u>0</u>	(25.) \$ <u>0</u>
<b>DEBTS AND OBLIGATIONS</b>			
12. Debts and Obligations	(12a.) \$	<u>614</u>	
a. Owed by the Committee (Schedule 2E)	(12b.) \$		
b. Owed to the Committee (Schedule 2E)			
<b>BALANCE STATEMENT</b>			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>418.08</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) +	<u>0</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) =	<u>418.08</u>	
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)	(16.) -	<u>250.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>168.08</u>	

\*If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED DIRECT EXPENDITURES  
SCHEDULE 2B  
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number 13700850  
2. Committee Name CIT FOR RESP + ETH. Gov.

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name: <u>JAMES ULINSKI</u> Address: <u>39295 RIVERCREST</u> <u>H.T. MI. 48045</u> 4. Purpose: _____ <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input checked="" type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>2/1/05</u>	<u>250.<sup>00</sup></u>	<u>250.<sup>00</sup></u>
Expenditure #2 Name: _____ Address: _____ 4. Purpose: _____ <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Expenditure #3 Name: _____ Address: _____ 4. Purpose: _____ <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Expenditure #4 Name: _____ Address: _____ 4. Purpose: _____ <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement			

Subtotal this page

Grand Total of all Schedules 2B  
(Complete on last page of Schedule)

250.<sup>00</sup>

Enter this total  
On Line 7a of the  
Summary Page

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS  
SCHEDULE 2E  
POLITICAL OR INDEPENDENT COMMITTEE**

1. Committee I.D. Number 13700850  
2. Committee Name CIT FOR RESP + ETH GOV

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee  
(Check either a or b. Use only for the purpose checked.)

3. Name and mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Indicate type) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by: <u>JAMES ULINSKI</u> <u>39295 RIVERCREST</u> <u>H.T. MI 48045</u>  If bank loan, name of endorser or guarantor:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> <u>10-27-04</u> 6. <u>Original Amount of Debt:</u> <u>\$ 616</u>	2 11/10/05 250 1 1 \$ 1 1 \$ 1 1 \$ 1 1 \$	250.00	366.00  <input type="checkbox"/> FORGIVEN
Debt #2 Owed to or by: <u>JAMES ULINSKI</u> <u>SAME AS ABOVE</u>  If bank loan, name of endorser or guarantor:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> <u>6-23-04</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1248</u>	8 15/05 1000 1 1 \$ 1 1 \$ 1 1 \$ 1 1 \$	1000	248  <input type="checkbox"/> FORGIVEN
Debt #3 Owed to or by: _____ _____ _____  If bank loan, name of endorser or guarantor:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	1 1 \$ 1 1 \$ 1 1 \$ 1 1 \$ 1 1 \$		  <input type="checkbox"/> FORGIVEN

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 2E

(Complete on last page of Schedule showing amounts owed by or to the committee.)

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by", or line 12b "owed to" of the Summary Page

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